















Cervix chart for sample takers in primary care

Condition	Recommendations	Examples	
Normal cervix	Continue with call/recall as part of national screening programme		
Cervical ectropion	Take cervical cytology sample as indicated by call/recall, may get some bleeding at time of taking sample Refer if symptomatic, eg postcoital bleeding, to genitourinary department (≤ 40 years) or gynaecology (> 40 years)		
Nabothian follicles	Reassure – cervix can have varied appearance Take cervical cytology sample as indicated by call/recall If infection suspected, take swabs for culture and sensitivity		
Stenosed cervix	If cytology sample adequate, no further intervention May need to use endocervical brush in addition to Cervex brush to get good cytology		
Atrophic cervix	Routine cervical cytology sample May need local/systemic oestrogen		
Cervical polyp	Take cervical cytology sample as indicated by call/recall (mention polyp on test request form) Refer for removal of polyp		
Cervical warts	Take cervical cytology sample as indicated by call/recall May have a varied appearance, often with associated warts elsewhere If warts persist, consider referral		
Cervicitis/vaginal discharge	Take swabs for culture and sensitivity, including <i>Chlamydia</i> Consider referral if symptoms persist after treatment		
Cervical cancer	Urgent referral using cancer proforma	